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FACSIMILE COVER LETTER

To: Commissioner for Patents
Firm: U.S. Patent and Trademark Office
Facsimile: (703) 872-9306
From: Thomas F. Presson
Date: June 6, 2005
Re: FLH Ref No.: 450119-4958
Serial No: 09/719,791

Number of Pages: 13
(including cover page)

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00266737

PATENT
450119-4958

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hiroshi Nakano, et al.
 Serial No. : 09/719,791
 Filed : March 26, 2001
 For : METHOD AND DEVICE FOR DATA TRANSMISSION
 Examiner : Senfi, Behrooz M.
 Art Unit : 2613

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

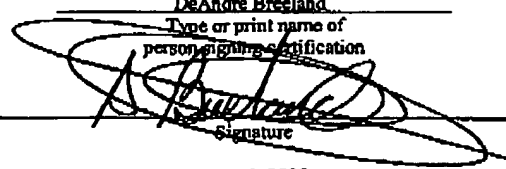
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	12	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	4	Minus	*** =4	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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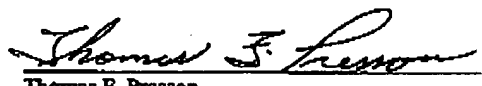
I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office, Facsimile No. 703-872-9306, on June 6, 2005.

DeAndre Breeland
 Type or print name of
 person signing certification

 Signature
 June 6, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

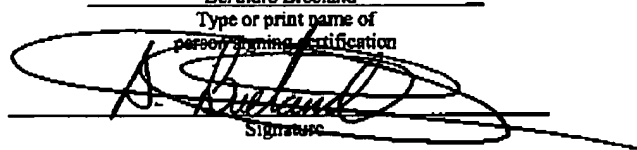
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Confirmation No. : 4878

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6, 2005.

DeAndre Breeland
Type or print name of
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Signature
June 6, 2005
Date of Signature

SUPPLEMENTAL PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to the Request for Continued Examination filed on April 11, 2005, the
Examiner is respectfully requested to amend the above-captioned application as follows.

PATENT
450119-4958

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.